

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34655

FILED OCT 18 1950

318

1003

Registrar's No. 8490

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY <u>City</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Tulsa</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Tulsa</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frisco Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1111 South Denver Ave.</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Max</u>		b. (Middle) <u>Mee</u>	
		c. (Last) <u>Cerveny</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 8 - 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 15, 1907</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary Traf Mgr Frisco R. R.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Prague, Okla</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John C. Cerveny</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Kostal</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Clara C. Cerveny, Prague Okla.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma and carcinoma breast</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Hydrothorax bilateral.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastatic Ca to abdomen & lungs.</u>	
19a. DATE OF OPERATION <u>6 Oct 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of carcinoma</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153X</u>	
22. I hereby certify that I attended the deceased from <u>29 Sept, 1949</u> , to <u>8 Oct</u> , 1950, that I last saw the deceased alive on <u>8 Oct</u> , 1950, and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Conceal W. H. H. M.D.</u>		23b. ADDRESS <u>4960 Locust</u>		23c. DATE SIGNED <u>Oct 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prague</u>	
24d. LOCATION (City, town, or county) (State) <u>Prague Oklahoma</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin Anderson</u>		ADDRESS <u>6175 Delmar Blvd.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 9 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 29 1951

8430

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jos. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *6152 Palma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.